

Edult M. Bromwell

Died ^{near} Cambridge ^{Town} Dorchester ^{County} MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 1902 Nov 2 Age 32 8 Dorchester
~~Male~~ White ~~Marrned~~ Widow Divorced
Female Colored Single Widower Number of children living

Husband of
Wife

Father's Name Geo A Bromwell Mother's Name Virginia D. Gore
 Maiden Name

Cause of Death { Primary Thrombus Immediate Eclampsia and convulsions }
 How long sick 105 since birth
 Accident, Suicide, Homicide

Reported by B W Galtman

Address Cambridge, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Solomon Burton

Town

County

Madison

Dorchester

MARYLAND

Died at

Date 189 1902 Month Nov. Day 26 Y. 13 M. D. Native of Dor. Co. Occupation none

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of
Wife

Father's Name Wm. Burton 18 Mother's Name Elizabeth Burton

Cause of Death { Primary Malignant-Encephelitis How long sick About 5 days

Death { Immediate

Accident, Suicide, Homicide

Reported by

B. L. Smith M.D.

Address

Madison Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Henrietta ^{H.} Cephas
 Died at ^{Town} Cambridge ^{County} Dorchester MARYLAND
 Date 1902 Month 11 Day 21 Age 39 Y. M. D. 1 15 Native of Md Occupation Dressmaker
~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living none

Wife of ^{Husband} Levin Cephas
 Father's Name Mother's Maiden Name 77

Cause of { Primary Pericarditis How long sick
 Death { Immediate Heart failure due to pressure Accident, Suicide, Homicide

Reported by E. Wolff Md
 Address Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lydia Chombsline
 Died at ^{Town} East Newmarket ^{County} For

MARYLAND

Date 19 02 - 11 - 29 Month Day Y. M. D. Age 16 3 19
 Male White Married Widow Divorced Native of md Occupation House work
 Female Colored Single Widower ~~Number of children living~~

Husband of
 Wife

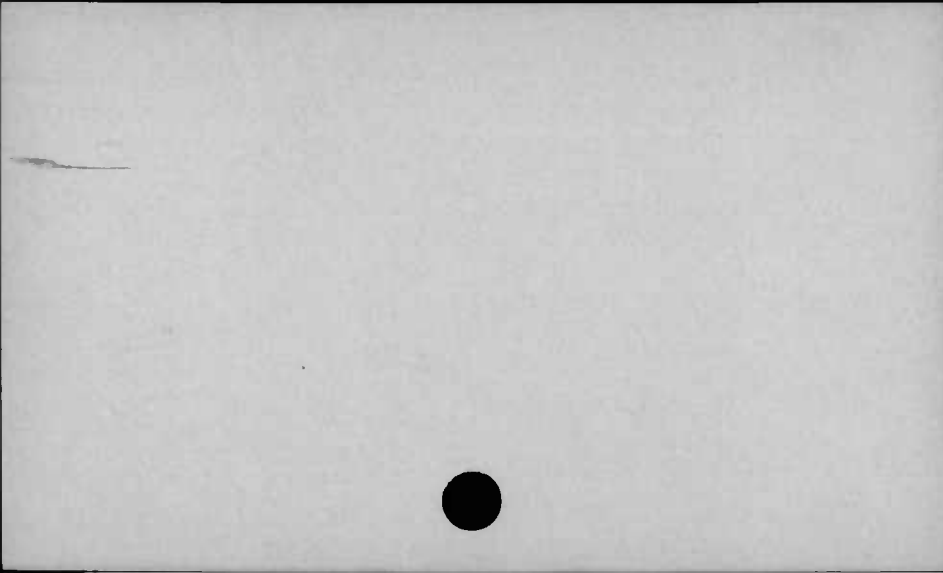
Father's Name T. B. Chombsline Mother's Maiden Name Mary F. Frasier

Cause of Death { Primary Broncho Pneumonia How long sick one week
 Immediate Heart Failure 92 ~~Accident, Suicide, Homicide~~

Reported by Victor E. Gitch

Address East Newmarket md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Mother's

Widow Name

Cause of

Primary

How long sick

Immediate

Perforation & Peritonitis

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Henry Elliott

Town

County

Died at

Cambridge Dorchester

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

Nov. 14

Age

31

?

-

Ind

Farmer

Male

~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

Three

Husband

of

Wife

Father's

Name

Sarah Lizzie Elliott

Mother's

Washington Elliott

Maiden Name

Clara Elliott

Cause of

Primary

Tuberculosis

How long sick

4 years

Death

Immediate

Euthanasia

~~Accident, Suicide, Homicide~~

Reported by

Wilbur A. Drake M.D.

Address

Cambridge Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Chas B Hammett

Town

County

MARYLAND

Died at

Annapolis

Wichesth

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1890

Nov 24

Age 24

Pa

Hammett

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living none

Husband of

Sallie Hammett

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Typhoid.

Death

Immediate

Peritonitis

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

John Mace

Address

Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888



Name
in
Full

Theodore Franklin Houston

CERTIFICATE OF DEATH

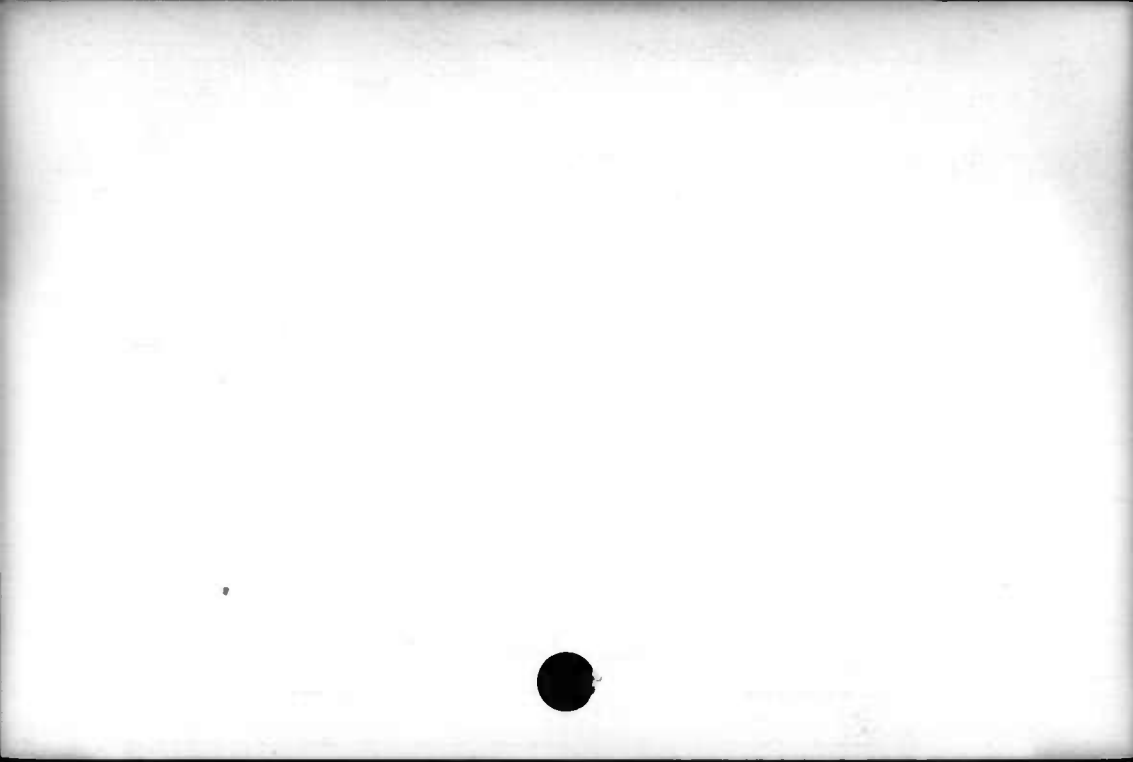
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>ma</i> <i>aries</i>		Town <i>aries</i>		County <i>bracket</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>br.</i>	Day <i>14</i>	Age <i>51</i>	Years <i>51</i>	Months <i>11</i>	Days <i>26</i>	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>bracket</i>				
Married, Single or Widowed <i>widower</i>			Occupation <i>farmer</i>				
Name of Wife or Husband							
Father's Name <i>John B. Houston</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary E. Eggleston</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>J. H. Stapleford</i>				How related to deceased <i>son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>116</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>May Steel</i>	
	Address <i>Cambridge Ind.</i>	
Accident or Suicide?		



Annice M. Mills

Town

County

MARYLAND

Died at

Date 18

Month

Day

Y.

M.

D.

Native of

Occupation

Nov. 24

Age 24

Ind

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

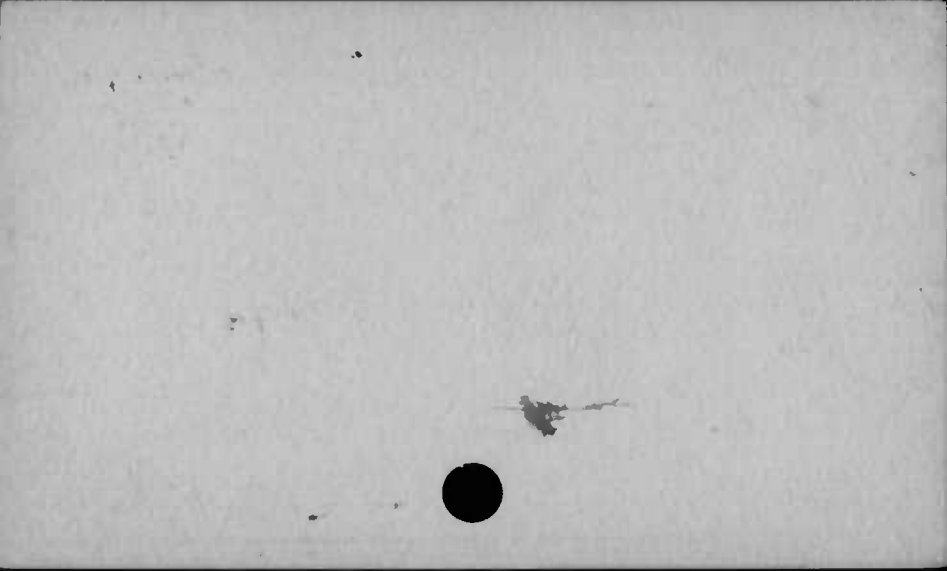
13 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Corra S. Paul

Died at *Cambridge* Town *Dorchester* County *MARYLAND*

Date 19 *02* Month *Nov* Day *16* Y. *1* M. *14* D. *Cambridge* Native of *—* Occupation *—*

Male *White* *Married* *Widow* *Divorced*

Female *Colored* *Single* *Widower* Number of children living *—*

Husband of
Wife

Father's Name *Charles Paul* Mother's Maiden Name *Lydia E. James*

Cause of Death { Primary *Meningitis* Immediate *E. Laurova* 105

How long sick *Five weeks*

~~Accident, Suicide, Homicide~~

Reported by *D. W. Goldsberry*

Address *Cambridge Ma*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wm. F. Angus Phillips

Town

County

Died at

Fishing Creek

Dorchester Co.

MARYLAND

Date 1902

Nov.

Day

13th

Age

9 0 9

Native of

Md.

Occupation

Male

White

Single

Husband

Wife

Father's

Name

John R. Phillips

Mother's

Maiden Name

Ida M. Mackins

Cause of

Primary acute Parenchymatous Pneumonia

How long sick

36 hours

Death

Immediate

Asphyxia

Reported by

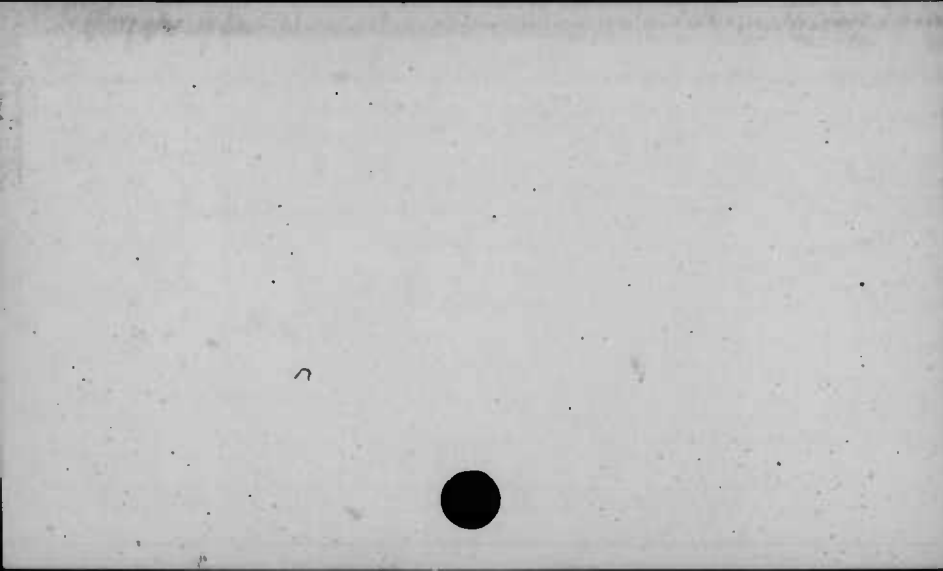
W. A. Houston Md.

Address

Fishing Creek

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas Ringold

Town

County

MARYLAND

Died at Cambridge

Rockster

1912
Date 19 07 Nov. 29th Y. M. D. Age 18 - - Native of Maryland Occupation Laborer

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

7



Name
in
Full

Thomas Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} in Choptank River		^{County} Worcester		MARYLAND	
Date of death 190 [✓]	Month Nov.	Day 26	Age 25	Years —	Months — Days —
Sex Male	Color or Race Black		Birth-place Br. Co. Md		
Married, Single or Widowed —			Occupation Captain		
Name of Wife or Husband not known					
Father's Name not known			Father's Birthplace		
Mother's Maiden Name not known			Mother's Birthplace		
Name of person giving information Jerry Wright			How related to deceased not related Captain of vessel		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	burning 172	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? ^{Yps}	Signature of Physician Guy Steele	
	Address Cambridge Md	
Accident or Suicide? accident		



John H Smith

Town

County

Died at Harpersville

Gorchester

MARYLAND

Died at Harpersville

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Nov 8

Age

unknown

Systemman

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of Primery

How long sick

Death Immediate

drowned

172

Accident, ~~suicide, homicide~~

Reported by

Lawrence D Ashton J.P.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Edward E Spedden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lloyd's</u> <small>Town</small>		<u>Buchester</u> <small>County</small>		MARYLAND	
Date of death 1902	Month <u>Nov</u>	Day <u>6</u>	Age Years <u>42</u>	Months <u>10</u>	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth- place <u>Baltimore</u>		
Married, Single or Widowed <u>Married</u>		Occupation <u>Farmer</u>			
Name of Wife or husband <u>Ellen R Spedden</u>					
Father's Name <u>Jno d Spedden</u>			Father's Birthplace <u>Bw. Co</u>		
Mother's Maiden Name <u>Eliz. x Abbie</u>			Mother's Birthplace <u>x</u>		
Name of person giving In formation <u>E R Spedden</u>			How related to deceased <u>wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>28 days.</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S A Stokes M.D.</u>
	Address <u>Cornerville Md.</u>
Accident or Suicide?	



Name
in
Full

Barros Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Commsville</u> <u>va</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Nov</u>	Day <u>2</u>	Age <u>76</u>
Sex <u>Male</u>	Color or Race <u>negro</u>	Birth-place <u>Bar Co Md</u>	
Married, Single or Widowed <u>Widower</u>	Occupation <u>Farm work</u>		
Name of Wife or Husband <u>Effie Stevens</u>			
Father's Name <u>Levi Stevens</u>		Father's Birthplace <u>not known</u>	
Mother's Maiden Name <u>not known</u>		Mother's Birthplace <u>"</u>	
Name of person giving information <u>Henry Cephas</u>		How related to deceased <u>none</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Remittent fever</u>	How long <u>2 weeks</u>
Immediate <u>Died age</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S A Stokes M.D.</u>
	Address <u>Commsville</u>
Accident or Suicide?	<u>md</u>



Name
in
Full

Clara E Thomas

CERTIFICATE OF DEATH

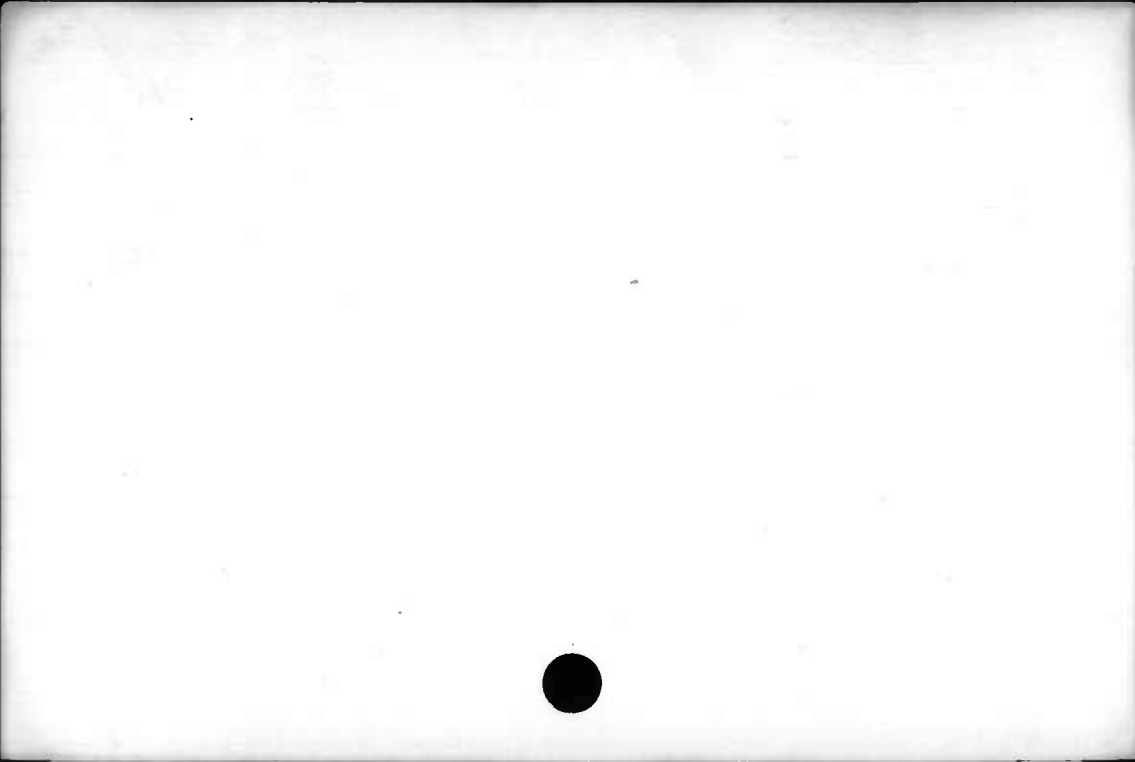
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lloyds</u> Town		<u>Sevier</u> County		MARYLAND	
Date of death 190 <u>L</u>	Month <u>Nov</u>	Day <u>9</u>	Age <u>27</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Bar. Co Ind</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Housewife</u>		
Name of Wife Husband <u>Geo E Thomas</u>					
Father's Name <u>Jas A Thomas</u>			Father's Birthplace <u>Bar. Co Ind</u>		
Mother's Maiden Name <u>Margaret J. Cook</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>S A S Atkins</u>			How related to deceased <u>none</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>6 weeks</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S A S Atkins M D</u>
	Address <u>Corrsville Ind</u>
Accident or Suicide?	



Name
in
Full

Richard Sampson Travers.

CERTIFICATE OF DEATH

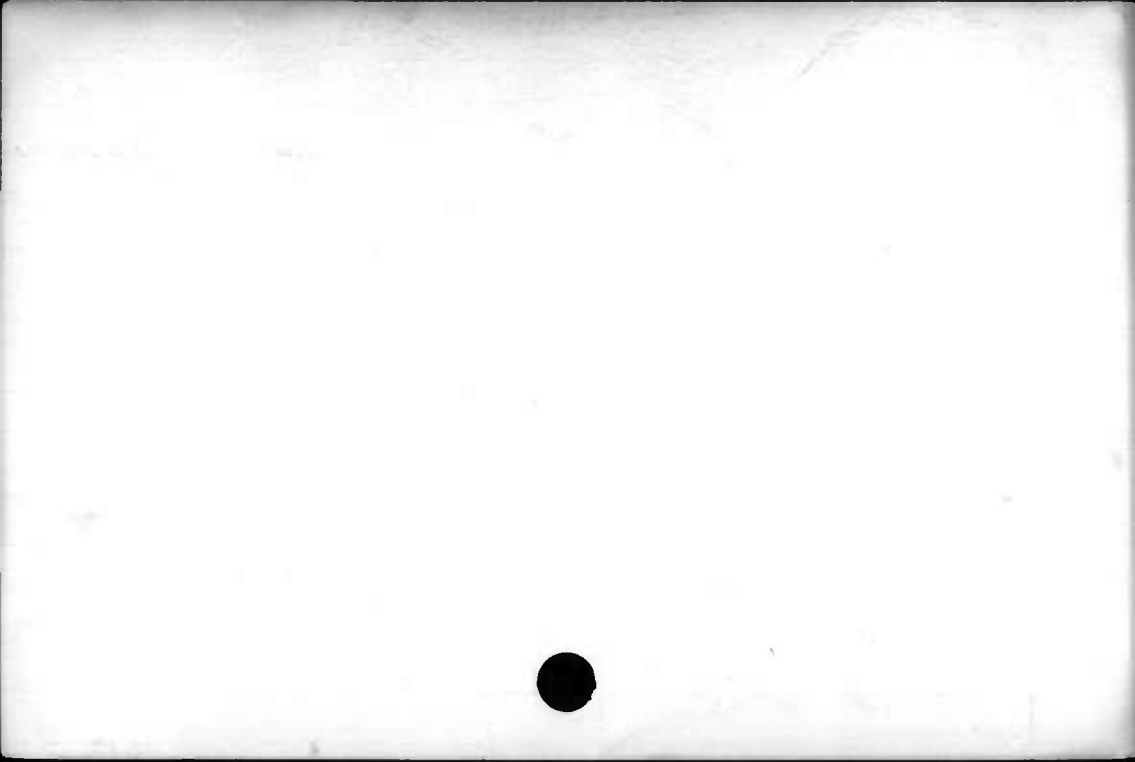
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge.		County Dor.		MARYLAND	
Date of death 190	2	Month Nov.	9th Day Sat.	Age	5-6	Months	2
Sex		Color or Race		Birth- place		Lakesville.	
Married, Single or Widowed		Married.		Occupation		Common Laborer.	
Name of Wife or Husband		Mary. F.		Summers			
Father's Name		Silias		Travers		Father's Birthplace Lakesville.	
Mother's Maiden Name		Kattie		Griffin.		Mother's Birthplace Newmarket	
Name of person giving In formation		Kate Travers		How related to deceased		Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis pulmonalis	How long	2 yrs + mo.
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yrs	
Signature of Physician		Guy Steele	
Address		Cambridge Md.	
Accident or Suicide?			



Name
in
Full

Amy Whittington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Worcester		MARYLAND	
Date of death 1902	Month Nov.	Day 8	Age Years		Months 2		Days 5
Sex Male	Color or Race Colored		Birth- place Cambridge				
Married, Single or Widowed Single		Occupation none					
Name of Wife or Husband							
Father's Name Chas. Whittington				Father's Birthplace Amherst, Md			
Mother's Maiden Name Mary James				Mother's Birthplace Va			
Name of person giving information Mary Whittington				How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Enterocolitis	How long untillife
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? y ^h	Signature of Physician Guy Steach
	Address Cambridge Md
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Married~~

Single

~~Widow~~~~W~~~~Divorced~~

Number of children living

Mother's

Maiden Name

Primary

Immediate

How long sick

4 weeks

~~Accident, Suicide, Homicide~~

LIBRARY BUREAU, 70808



Name
in
Full

Chas. Edward Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{P.O.} Cambridge		Town		County		Brockfield		MARYLAND	
Date of death 1902		Month		Day		Age		Years	
Nov -		15		46 -		Months		Days	
Sex		male		Color or Race		white		Birth-place	
Married, Single or Widowed		Single		Occupation		farmer			
Name of Wife or Husband									
Father's Name									
Mother's Maiden Name									
Name of person giving information									
Father's Birthplace									
Mother's Birthplace									
How related to deceased									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Hemiplegia right - sided		12 days	
Immediate		How long	
Incurable		2 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		H. H. H. H.	
		Address	
		Cambridge Md.	
Accident or Suicide?			

